*** This Certificate of Insurance may only be used by Texas Wood Treaters *** TEXAS ADMITTED CARRIER NO. OR TEXAS SURPLUS LINE CO. NO. (EITHER/OR MUST BE COMPLETED) NAME OF INSURANCE COMPANY_____ (HEREIN CALLED THE COMPANY) ADDRESS_ TEXAS WOOD TREATERS CERTIFICATE OF INSURANCE The company hereby states that is has issued to the insured named herein a policy or policies of insurance providing the types of insurance and limits of liability set forth herein. This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies scheduled herein. It is furnished for information only, confers no rights on the holder and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policies as they may be lawfully amended from time to time. Name of Business/Employer: TPCL Number (if applicable): THIS CERTIFICATE SHALL BE ISSUED TO: Name of Business License Holder: Business Location Address: **Texas Department of Agriculture Structural Pest Control Service** PO Box 12847 (PO Box Address not accepted) Austin Texas 78711-2847 City, State, Zip: Fax No. 888-232-2567 POLICY NUMBER: Phone: 866-918-4481 www.tda.state.tx.us/spcs EFFECTIVE DATE: ____ EXPIRATION DATE: GENERAL LIABILITY: Applicant must file with the board a policy or contract of insurance approved as sufficient by the board in an amount of not less than \$200,000 bodily injury and property damage coverage with a minimum total aggregate of \$300,000 for all occurrences. For noncommercial applicants employer must file insurance certificate. LIMITS OF LIABILITY **BODILY INJURY AND PROPERTY DAMAGE** EACH OCCURRENCE: \$ AGGREGATE: \$_ List any categories of pest control work or any pesticides excluded in this coverage: **POLICY TYPE: OCCURRENCE** [] (Must be at least 5 years) By signing below the company/agent certifies that the policy meets minimum requirements as set out by Chapter 1951.312 of the Texas Occupational Code and that policy contains a provision whereby the company will mail to the Structural Pest Control Service a record of any material change in, including a reduction in the aggregate below \$300,000 or cancellation of said policy or policies, at least 30 days prior to such change or cancellation. DATE: BY:

Address City State Zip Phone No.

Texas Insurance Agent License No. _____OR Non-Resident Agent License No. _____

Revised 09-01-07

SEE REVERSE SIDE FOR CERTIFICATE REQUIREMENTS

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WOOD TREATERS

CERTIFICATE OF INSURANCE REQUIREMENTS FILLING OUT THE CERTIFICATE CORRECTLY AND COMPLETELY

*****CERTIFICATES THAT HAVE ANY HANDWRITTEN PORTION, OTHER THAN THE SIGNATURE, ARE NOT ACCEPTABLE*****

Texas Admitted Carrier No. or Texas Surplus Line Company No.: Must indicate one or the other. This is a number assigned to the insurance carrier by the Texas State Board of insurance. You may contact the Texas Department of Insurance at (512) 322-4370 to inquire about your company's status and number.

Name of Business/Employer: Indicate the NAME OF THE BUSINESS not the certified applicators name. (Sample: Jim Bob's Pest Control or Major Food Processing Corporation)

TPCL Number (if applicable): This is <u>either</u> the <u>business license number</u> or the <u>Noncommercial certified applicator</u> license number. Leave blank if unknown.

Name of Business License Holder: Name the business license is issued to. Must be only one individual and must match the Application for Business exactly. Leave blank if the insured is a noncommercial entity.

Business Location Address: list the physical address of the business. PO Boxes and mailing addresses (if not the same as the physical address) are <u>not</u> acceptable.

Policy Number: a complete policy number must be indicated in the appropriate box. A binder number is unacceptable.

Limits of Liability: List policy limits - The minimum for Each Occurrence is \$200, 000, The minimum for Aggregate is \$300,000, or a combined single limit of \$300,000 is acceptable.

List any categories of pest control work or any pesticides excluded in this coverage: List any exclusions that apply.

Type of Policy: Indicate whether an occurrence policy or claims made policy. If <u>Claims Made</u> is checked the length of extended claims discovery period must be at least 5 years.

Date: Date certificate was completed.

By: The certificate must be signed by the insurance agent.

Texas Insurance Agent License Number or a Non-Resident Agent License Number: This number must be indicated in the space provided below the agents address at the bottom of the insurance certificate. (If the certificate is being completed by the underwriter – please indicate by placing the word "Underwriter" in the space provided for agent license number.)